

To: Access to Justice Commission
From: Abby Brown, Co-Chair Standing Committee on Self-Represented Litigants
Date: August 31, 2016
RE: Report from Standing Committee on Self-Represented Litigants



Update on Standing Committee. The Committee met on July 19, 2016. The Committee's website (<http://courts.mt.gov/supreme/boards/self-represented-litigants>) is now current and includes detailed agenda and meeting minutes, Committee membership, a copy of the strategic plan and reports to this Commission. The following is the Committee's Report since June 2016:

- **Forms Sub-Committee.** The pilot program to test the Dissolution of Marriage with Children forms is ongoing in Cascade and Gallatin Counties. The Sub-Committee has begun training court staff on the forms and Nolan is helping to "packetize" the forms for easier use. Instructions are also being drafted to go with the packets and MLSA received a grant to automate the forms when they are out of the pilot phase. The timeline for rolling-out automated forms in a user-testable format is September 2016.

This Sub-Committee is volunteer-based. There is value in having a Committee of diverse professionals vetting forms for self-represented litigants. However, the Commission needs to acknowledge the amount of time and resources that drafting and revising forms takes and consider how the process can be aided by paid support staff, particularly if the Commission is looking to revamp and/or standardize self-represented litigant forms for other areas of law.

- **Education & Outreach Sub-Committee.** The 2016-2017 goals for this Sub-Committee have been met. The Sub-Committee provided 3+ in-person trainings on *Legal Information vs. Legal Advice* in various settings across the state in Kalispell, Helena x 2, and Missoula. Currently all of these trainings have been done by members of the Committee on a volunteer basis.

While it was the intention of the Sub-Committee to present these training materials to the Commission for endorsement at the September 9th meeting, there were not enough volunteer hours to get that accomplished. The Sub-Committee will therefore compile those documents and circulate them to the Commission prior to the December meeting for endorsement of the materials in December.

One unmet goal of this Sub-Committee is to find funding (grants or otherwise) to offset the costs of these trainings. The Committee members simply do not have the time to seek out funding and there are less and less volunteers to do the trainings on a volunteer-only basis. The Committee will revisit the method of training at its December meeting to determine if the educational training goals of the Committee can be met in a more creative manner than does not require funding and/or outsourced to become part of existing trainings (i.e. "train the trainer" type models).

- **Legislative Changes Sub-Committee.** At the June 3, 2016 Commission meeting the Commission asked the Committee to submit its proposed process for reviewing legislation for the 2017 Legislature so that the Commission can weigh in on the proposed process.

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The Committee's proposed process, as discussed and agreed during the April 2016 Committee meeting is as follows:

- Ann will have access to the State Bar's lobbyist who tracks legislation that may impact the legal profession. It is believed that any Legislation potentially impacting self-represented litigants will be included in the State Bar's list of tracked proposed bills
- Ann will disseminate the State Bars list of proposed legislation impacting the legal profession to this Sub-Committee (Ann, Randy, Erin, Abby);
- This sub-committee will review the proposed bills to determine if they impact self-represented litigants; and
- In the event a proposed bill may impact self-represented litigants, Ann or Abby will reach out to the Commission for guidance.

*****ACTION ITEM FOR COMMISSION***** *What does the Commission want this Sub-Committee to do if a bill impacting self-represented litigants is identified? This Committee does not have the capacity to lobby or really take any substantive or proactive measures.*

- **Proposed Standardized Fee Waiver Form.** At the June 3, 2016 Commission meeting this Committee recommended the Commission request the Montana Supreme Court to standardize the fee waiver form required by Section 25-10-404, MCA, and to either petition the Supreme Court to amend applicable procedural rules to mandate the use of this form and/or order the use of this standardized form by all applicable Montana courts.

At the June 3 meeting, the Commission requested the Committee prepare a proposed standardized fee waiver form for the Commissions consideration at the September 9, 2016 meeting. At the Committee's July meeting a working group was formed to create this form. The Form, as well as a standardized proposed order, is attached to this report for the Committee's consideration.

The working group is in the process of reaching out to the AG's office regarding any comments they may have on the proposed form. Results of that contact, if achieved by September 9th, will be reported at the Commission meeting.

*****ACTION ITEM FOR COMMISSION***** *Discuss and approve the Standardized Fee Waiver Form and Proposed Order prepared by the Committee. If approved, instruct and/or provide guidance to the Committee regarding presentation of the standardized form to the Montana Supreme Court for action.*

Name

Mailing Address

City State Zip Code

Phone Number

E-mail Address (optional)

Appearing without a lawyer

☐ MONTANA _____ JUDICIAL DISTRICT COURT, _____ COUNTY

☐ IN THE JUSTICE COURT OF _____ COUNTY, STATE OF MONTANA

☐ IN THE MUNICIPAL OR CITY COURT OF _____, MONTANA

(First, Middle, Last)
and

Petitioner / Plaintiff,

Respondent / Defendant.

Case No: _____
(leave blank, the clerk will write in)
**Declaration of Inability to Pay Fees and
Order**

I, _____, declare: That I have a good cause of action or defense but am unable to pay filing or other court fees. I request the court waive the costs and fees. I provide the following information about my income and expenses:

I. INCOME

Do you receive any of these benefits [check the box if yes]? ☐ SNAP ☐ TANF ☐ SSI

If yes, skip to the bottom of this form, and sign it. You don't need to fill out the rest of this form.

If no, then what income do you receive? Fill in the chart below. If you don't receive income from a listed source, put a "0" in the blank for that amount per month.

My Income Sources	Amount per Month
<input type="checkbox"/> Employment	\$ _____
<input type="checkbox"/> Investments	\$ _____
<input type="checkbox"/> Rental Income	\$ _____

<input type="checkbox"/> Retirement	\$
<input type="checkbox"/> Workers Comp	\$
<input type="checkbox"/> Social Security	\$
<input type="checkbox"/> Unemployment	\$
<input type="checkbox"/> Survivor's Benefits	\$
<input type="checkbox"/> Veteran's benefits	\$
<input type="checkbox"/> Child support	\$
<input type="checkbox"/> Pension	\$
<input type="checkbox"/> A person or agency pays my rent or other monthly expenses	\$
<input type="checkbox"/> Other income-describe:	\$
Total here:	\$

Marital Status: ☐ Single ☐ Married

If you are married, please list your spouse's income below. If you are separated, or one of you is filing for dissolution of marriage, you do not need to provide your spouse's income. If your spouse doesn't receive income from a listed source, put a "0" in the blank for that amount per month.

Spouse's Income	Amount per Month
<input type="checkbox"/> Employment	\$
<input type="checkbox"/> Investments	\$
<input type="checkbox"/> Rental Income	\$
<input type="checkbox"/> Retirement	\$
<input type="checkbox"/> Workers Comp	\$
<input type="checkbox"/> Social Security	\$
<input type="checkbox"/> Unemployment	\$
<input type="checkbox"/> Survivor's Benefits	\$
<input type="checkbox"/> Veteran's benefits	\$
<input type="checkbox"/> Child support	\$
<input type="checkbox"/> Pension	\$
Total here:	\$

How many children under 19 live with you? ☐ None ☐ _____ *[write in how many]*

II. ASSETS

How much money total do you (and your spouse, if married and not separated and not filing for dissolution) have in cash, savings and checking? \$ _____

What property do you own? Fill in the chart below, for each item that you could sell for \$600 or more. If you don't own an item listed, write "N/A" in the "Value" column for that item.

Asset	Value if you sold it	Amount owed
<input type="checkbox"/> Vehicle 1, provide year, make and model:	\$	\$
<input type="checkbox"/> Vehicle 2, provide year, make and model:	\$	\$
<input type="checkbox"/> Home where you live now	\$	\$
<input type="checkbox"/> Real estate other than home you're living in	\$	\$
<input type="checkbox"/> Motorcycle /Fourwheeler	\$	\$
<input type="checkbox"/> Snowmobile	\$	\$
<input type="checkbox"/> Camper	\$	\$
<input type="checkbox"/> Mobile home	\$	\$
<input type="checkbox"/> Guns, collections		
<input type="checkbox"/> Boat/watercraft	\$	\$
<input type="checkbox"/> Other item worth more than \$600	\$	\$

III. MONTHLY EXPENSES

What bills do you actually pay each month? Fill in the chart below. If you don't have a monthly expense that's listed in the chart, write "0" in the amount column for that expense.

Monthly expense:	Amount per Month
<input type="checkbox"/> Rent / Mortgage	\$
<input type="checkbox"/> Utilities (all combined)	\$
<input type="checkbox"/> Phone (cell / landline)	\$

<input type="checkbox"/> Vehicle Payments (all combined)	\$
<input type="checkbox"/> Vehicle Insurance (all combined)	\$
<input type="checkbox"/> Other Insurance	\$
<input type="checkbox"/> Groceries	\$
<input type="checkbox"/> Credit card payments actually paid	\$
<input type="checkbox"/> Child support payments actually paid	\$
<input type="checkbox"/> TV / Cable / Satellite / Internet (combined)	\$
<input type="checkbox"/> Gas for vehicle (or other transportation costs, such as bus fare)	\$
<input type="checkbox"/> Medical insurance	\$
<input type="checkbox"/> Other health costs, such as prescriptions	\$
<input type="checkbox"/> Other monthly bills, describe _____	\$
Total here:	\$

I declare under penalty of perjury and under the laws of the state of Montana that the information in this document is true and correct. I understand that it is a crime to give false information in this document.

Date: _____ City _____ State _____

Signature: _____

ORDER

☐ Waiver of fees and costs is **Granted**. Declarant shall proceed without payment of fees or costs.

☐ Temporary Waiver of fees is **Granted**. Declarant may file without payment of fees or costs, but the Court may determine at a later time that the declarant has the ability to pay all fees or costs and will require declarant to do so.

☐ Temporary Waiver of fees is **Granted**. Declarant may file without payment of fees or costs, but must appear before the Court at ____ a.m/p.m. on the ____ day of _____ and show cause why the declarant lacks the ability to pay all fees or costs.

☐ Waiver of Fees and costs is **Denied**. Waiver is denied based on the following:

Ordered this ____ day of _____, 20__.

Judge Presiding